Name in Full — Certificate of Death

Susanna R Baker

Died at — Town: Branchview — County: Prince George — MARYLAND

Date 189 9 — Month: July — Day: 4 — Age: Y. 85 M. 2 D. — Native of: Md — Occupation: Lived with her daughter

~~Male~~ — White — Married — ~~Widow~~ — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living: 5

~~Husband~~ ~~Wife~~ of Reuben Baker

Father's Name: Nathan Shaw — Mother's Name: Catherine Shaw

Cause of Death — Primary: Dysentery 84 — How long sick: six days

Immediate: " — ~~Accident, Suicide, Homicide~~

Reported by: C A Fix

Address: Bellevue Md. P. G. Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 55860

Name in Full Certificate of Death

Susane Baker

Died at Town Branchville County P. Geo Md MARYLAND

Date 1899 Month July Day 4 Y. M. D. Age 85 Native of Md Occupation

Male White ~~Married~~ Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7.

Husband ~~Wife~~ of deceased died 21 years ago

Father's Name John Baker Mother's Name

Cause of Death Primary 141 How long sick

Immediate Old Age Accident, Suicide, Homicide

Reported by F. Gasch

Address Bladensburg Md Dr. Fox. att.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full

Bettie Bowtime

Died at Town Hyattsville County Prince George Co. Md. MARYLAND

Date 1899 Month Day Y. M. D. Age 80 Native of Md. Occupation Laborer

~~Male~~ White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

145 d How long sick

Cause of Death { Primary

Immediate killed by Chesapeake R.R. Co

Accident, ~~Suicide, Homicide~~

Reported by Arthur, Coron Coroner

Address Hyattsville Md. F. Gasch Undertaker to other side

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B

X I reported this case last month

F. Gasch.

Neme In Full

Certificate of Death

Elizabeth Bender

Died et Town Oxen Hill County Pr. Ges. Co. MARYLAND

Date 1894 Month 7 Day 20 | Age Y. 26 M. 6 D. — | Native of U. S. | Occupetion Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 2

~~Husband~~ Wife of Wm. Frederick Bender

Father's Name ——— Mother's Name ———

Cause of Death: Primary Eclampsia 121 | How long sick 36 hrs

Immediate Heart Failure | ~~Accident, Suicide, Homicide~~

Reported by Dr. P. Simpson M. D. Oxen Hill Pr. Geo. Co. Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 67868

Name in Full: Fannie Brooks

Certificate of Death

Died near Town: Aquasco County: Pr. Geo. MARYLAND

Date 1899 Month: July Day: 8 Age Y.: 1 M.: 6 D.: Native of: Maryland Occupation:

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband of~~ ~~Wife~~

Father's Name: Loyd Brooks Mother's Name: Rachel Brooks

Cause of Death: Primary: Eating unripe fruits 82 How long sick: 5 days

Immediate: Inflammation bowels convulsing ~~Accident, Suicide, Homicide~~

Reported by: Wm. A. Marbury

Address: Aquasco Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Charles Butler

Certificate of Death

Died at Town Marlboro County P. Geo Co MARYLAND

Date 189 9 Month July Day 20 | Age Y. 60 M. D. | Native of | Occupation Brickmayer

Male ~~Female~~ | White Colored | Married ~~Single~~ | Widow ~~Widowed~~ | Divorced

Number of children living 5

Husband of ~~Wife~~ Eliza Butler

Father's Name

Mother's Name 97

Cause of Death: Primary Brights Disease | Immediate

How long sick

Accident, Suicide, Homicide

Reported by Reverdy Lawson

Address Marlboro Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full

Certificate of Death

Joshua Thomas Clark

Died at Mitchellsville (Town) Prince George (County) MARYLAND

Dato 1894 Month July Day 25 Age Y. 65 M. D. Native of Md Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Widow~~ ~~Divorced~~ ~~Single~~ Widower Number of children living 6

Husband ~~Wife~~ of Christina Hopkins

Father's Name Joshua T Clark Mother's Name Dorcas Garrick

Cause of Death: Primary Hypertrophy of heart 5 7 How long sick 12 mos. or more

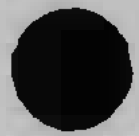
Immediate followed by general dropsy ~~Accident Suicide Homicide~~

Reported by John Peach M.D.

Address Mitchellsville P G Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Hilda Gertrude Cole

Died at Town Near Forestville County Pr. Geo. MARYLAND

Date 1899 Month July Day 24 | Age ~~Y.~~ M. 5 D. 4 | ~~Native of~~ | ~~Occupation~~

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name John Cole

Mother's Name Emma Cole

Cause of Death: Primary Cholera Infantum

Immediate " " 82

How long sick 5 days

Accident, Suicide, Homicide

Reported by Scott Armstrong

Address Forestville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. R. A. Eyles

Anacostia D. C.

1-29

He did not
attend her

Name in Full Earl Mathews Cox

Certificate of Death

Died at Town Croom Sta County P.G.Co MARYLAND

Date 1899 Month July Day 26 | Age Y. 11 M. D. | Native of Md | Occupation None

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Carlton G. Cox

Mother's Name Susie Cox

Cause of Death: Primary Pertussis & Entero-Colitis — How long sick 6 weeks

Immediate Asthenia — ~~Accident, Suicide, Homicide~~

Reported by W. H. Gibbons M.D.

Address Croom Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79908

Name in Full | Certificate of Death

Margaret Francis Cross

Died at Town: East Hyattsville County: P. Geo MARYLAND

Date 1899 Month: July Day: 2 | Age Y. — M. 8 D. 12 | Native of: Washington D.C. | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name: Joel W Cross | Mother's Name: Catherine C Cross

Cause of Death: Primary: Cholera Infantum | How long sick

Immediate: 82 | Accident, Suicide, Homicide

Reported by: Chas Wheeler

Address: Hyattsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85088

Name in Full Pauline Dew

Certificate of Death

Died at Town Blackenburg County Prince George MARYLAND

Date 1899 Month July Day 31st Age Y. six M. mo D. Native of M-d Occupation —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Archie Dew

Mother's Name

Cause of Death Primary Cholera Infantum Jr

Immediate

How long sick since Born

Accident, Suicide, Homicide

Reported by Arthur Cuer (Coroner) 10

Address Hyattsville M-d

J. Gasch, Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

114

Name in Full Emma J. Hart

Certificate of Death

Died at Town Branchville County P. Geo Md MARYLAND

Date 1899 Month July Day 9 Age Y. 19 M. D. Native of Md Occupation

Male White Married ~~Widow~~ Divorced

Female ~~Colored~~ Single ~~Widower~~ ~~Number~~ of children living

~~Husband~~ ~~Wife~~ of

Father's Name Frank Hart Mother's Name Anne Okeefe

Cause of Death Primary 57 How long sick

Immediate Hart decease Accident, Suicide, Homicide

Reported by F. Gasch

Address Bladensburg Md. 8149 Chas. A. Dr. Fox att. Phys. Bellaville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name In Full Hart Certificate of Death

Emma Francis Hart

Died at Town Branchville County Prince George's MARYLAND

Date 1899 Month Jul Day 9 Age Y. 18 M. 4 D. Native of Md Occupation Keeper

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name Frank Hart Mother's Name Annie Hart

Cause of Death Primary Dur Knee 161 How long sick about 15 minutes

Immediate I did not see her until she was dead Accident, Suicide, Homicide

Reported by C A Fox

Address Bellsville Prince Geo Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Nama in Full — Certificate of Death

Frank Hudson

Died at near Town Marlboro County Prince Georges MARYLAND

Date 189 9 Month July Day 24 | Age Y. 20 M. 4 D. — | Native of Md | Occupation Laborer

Male / ~~Female~~ | ~~White~~ / Colored | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / ~~Number of children living~~

~~Husband~~ / ~~Wife~~ of

Father's Name Wm Hudson — Mother's Name Adeline Hudson

Cause of Death: Primary Typhoid Fever — How long sick 17 days

Immadiate — ~~Accident, Suicide, Homicide~~

Reported by G F Owens M.D

Address Marlboro Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM

Name in Full

Certificate of Death

Katharine Boprow Holden.

Died at Town: Hyattsville, County: Prince George's — MARYLAND

Date 1899 Month: July Day: 27

Age Y. 2 M. 11 D. 2

Native of

Occupation

~~Male~~ / Female ✓

White ✓ / ~~Colored~~

~~Married~~ / Single

Widow X / Widower

Divorced X

Number of children living

Husband of Wife

Father's Name: Louis Frances Holden

Mother's Name: Mary Weller Holden.

Cause of Death: Primary: Albuminuria — 96

Immediate: Oedema of Lungs

How long sick: 3 months.

Accident, Suicide, Homicide

Reported by Dr. Charles Richardson

Address Hyattsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full William Lee

Certificate of Death

Town

County Pr. Geo.

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
7	5					

Date 189 9 Age

Male / ~~Female~~ | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of

Wife

Father's Name

Mother's Name

22a

Cause of Death — Primary: Pulmonary Phthisis

Immediate

How long sick

Accident, Suicide, Homicide

Reported by S. Rieardy Sasser

Address Upper Marlboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7980R

Name in Full | Certificate of Death

Sallie Ann Maddox

Died at Town: Woodville County: Prince Georges MARYLAND

Date 1897 Month 7 Day 12 Age Y. 64 M. 2 D. 6 Native of Md. Occupation housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living 6

~~Husband~~ Wife of Lemuel Maddox

Father's Name — Mother's Name 97

Cause of Death: Primary Brights disease How long sick 2 weeks

Immediate Uraemic Poisoning ~~Accident, Suicide, Homicide~~

Reported by H. Morton Bowen

Address Aquasco Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full — Certificate of Death

Isabella Queen

Died at Seat Pleasant (Town) P. George's (County) MARYLAND

Date 1899 Month 7 Day 12 | Age Y. 35 M. D. | Native of Md. | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | Married | ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 7

~~Husband~~ of Wife Henson Queen

Father's Name Talbert Johnson | Mother's Name Rachel Johnson

Cause of Death: Primary Premature Delivery. 117 | How long sick 24 hours.

Immediate Hemorrhage

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by L. S. Savage M.D.

Address Benning D. C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Gladman Sweeny

Certificate of Death

Died at Up Town Marlboro County Prince Georges MARYLAND

Date 1899 Month July Day 30 | Age Y. 3 M. 2 D. - | Native of Md | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Eugene Sweeny

Mother's Name Estelle T. Sweeny

Cause of Death: Primary Meningitis 39a

Immediate Convulsions

How long sick 7 days

~~Accident, Suicide, Homicide~~

Reported by G French Owens M.D

Address Marlboro P.G. Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Pothinia Alice Taylor

Died at Town Bladensburg County P. Geo. MARYLAND

Date 1899 Month 3 July Day Age Y. M. D. 5 months Native of Bladensburg Md Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name William Taylor Mother's Name Mary Harding died Tuesday last

Cause of Death Primary Cholra Infantum How long sick

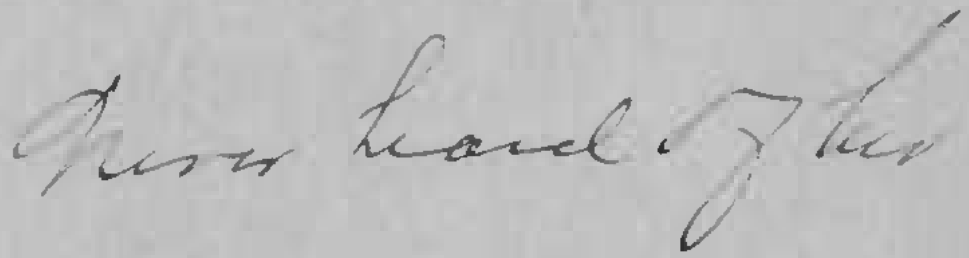
Immediate 10 days or longer 82 Accident, Suicide, Homicide

Reported by F. Gasch 8-29

Address Bladensburg Md. Dr. Richardson attending Ph.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full William Aubrey Taylor — Certificate of Death

Town — County Pr. Ged. — MARYLAND

Died at

Date 189 9 — Month 7 — Day 17 — Age Y. 1 M. — D. 26 — Native of — Occupation

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single / Widow / Widower / Divorced — Number of children living

Husband of Wife

Father's Name John E. Taylor — Mother's Name Annie L. Taylor

Cause of Death — Primary — 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Pr. Ged. Enquirer

Address 7-14/99

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full Arthur Johnson — Certificate of Death

Died at Town: Bright Seat — County: Prince Geo. — MARYLAND

Date 1899 — Month: July — Day: 22 — Age: Y. 62 M. 1 D. 23 — Native of: Ind. — Occupation: Farmer

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ — Number of children living 3

~~Wife~~ Husband of Ella Johnson

Father's Name Henry " — Mother's Name Mary Johnson

Cause of Death — Primary: Congestion of the brain — How long sick 13 days

Immediate: Consumption 42 — ~~Accident, Suicide, Homicide~~

Reported by L. S. Sanger M.D.

Address Benning. D. C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70888

Name in Full Blanche Tappan — Certificate of Death

Died at Town Wyattsville County P.G. — MARYLAND

Date 189 Month July Day 15 — Age Y. 5 M. 11 D. — Native of Md. — Occupation —

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband of
Wife

Father's Name Miriam Tappan — Mother's Name Alice Tappan

Cause of Death — Primary Cholera Infantum — How long sick 6 days

Immediate Exhaustion 82 — Accident, Suicide, Homicide

Reported by J. A. Richardson

Address Wyattsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 8598

Name in Full John Fletcher Veitch

Certificate of Death

Died at Town Near Hyattsville County P.G. MARYLAND

Date 1899 Month 7 Day 27 Age Y. 1 M. – D. 9 Native of Md. Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower X Divorced Number of children living X

Husband of Wife

Father's Name F. O. Veitch

Mother's Name Laura B Veitch

Cause of Death Primary Marasmus 82 How long sick 8 months.

Immediate Exhaustion Accident, Suicide, Homicide

Reported by Dr. H. A. Richardson

Address Hyattsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000

Name in Full

Certificate of Death

Trafanette Waters

Died at Town Near Suitland County Prince Geo MARYLAND

Date 1899 Month July Day 27 | Age ~~Y.~~ M. 6 D. 6 | Native of Md | ~~Occupation~~

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ ~~of~~

Father's Name Wm Waters

Mother's Name Annie Waters

Cause of Death: Primary Cholera Infantum — How long sick 2 Days

Immediate " " 82 — Accident, Suicide, Homicide

Reported by Scott Armstrong

Address Forestville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. H. A. Watson

of Anacostia D. C.

Information contained in this certificate received from Wm Waters

of Suitland P. O. Md.